

use. His final conclusion, however, as stated in clinical remarks, has been, that the remedy possesses no peculiar virtues whatever. A considerable number of sores heal rapidly during its use, as, indeed they would do under that of any non-irritating application which would exclude the air and prevent drying; in those, however, which have assumed an unhealthy state, and which resist the influence of other like remedies, it effects nothing whatever. A smaller series of trials by Mr. Hutchinson on patients at the Metropolitan Free Hospital, have led him to the same conclusion with Mr. Skey. Unhealthy sores dressed with it for periods of three weeks have remained precisely *in statu quo*. It is an agreeable application, causes no smarting, excludes the air, keeps the sore moist, and does not adhere to its edges; but beyond these it appears to possess no recommendations. While more expensive, it seems little, if at all, superior to olive or almond oil. It may seem difficult to reconcile the great discrepancy between foreign and English experience which these conclusions show. It might, perhaps, scarcely be deemed fair to insinuate, that on the Continent the employment of dressings which simply exclude air, and are themselves non-irritating, is not so well understood as among ourselves, and that, consequently, credit has been given to a single remedy which belongs rather to the whole class. Such, however, we suspect is, to some extent, the case. In one case, recorded by M. Petel, the source of fallacy is transparent. A woman came under his care for phagedænic stomatitis. Glycerine was applied, and *chlorate of potash given*. A very rapid cure, of course, occurred. The narration reminds one of Voltaire's assertion, that he could easily kill a flock of sheep by spells of witchcraft, provided, at the same time, he might mix a little arsenic with their food.

20. *New Method of Treating Phagedæna*.—Mr. Cock has recently been trying, in Guy's Hospital, a plan of treating phagedænic ulcers by constant irrigation. The method is, to have the sore well exposed, and the affected limb placed on some waterproof material; a reservoir above the bed is then filled with lukewarm water, and, by means of an elastic tube, a stream is kept continually flowing over the surface of the sore. By this means all particles of discharge, etc., are washed away as soon as formed, and the ulcer assumes the clean, pale appearance of a piece of meat which has been long soaked. In all the cases in which it has been practicable to employ the irrigation efficiently, a speedy arrest of morbid action has been secured, and the number has included several in which the disease was extensive and severe. The theory of the treatment is, that phagedænic action is a process of local contagion—the *materies morbi* by which the ulcer spreads being its own pus. Admitting this supposition—which there is every reason for doing—to be true, the object to be kept in view in curative measures is either to decompose or to remove the local virus. This end is accomplished somewhat clumsily by such remedies as the nitric acid, which, unless so freely used as not only to char up all the fluid matters, but to destroy the whole surface of the ulcer to some depth, fails to prevent a recurrence. Mr. Cock's plan of subjecting the ulcer to a perpetual washing attempts the accomplishment of the same end by a more simple and direct method. It involves no pain to the patient, and does not destroy any healthy tissues. Its one disadvantage seems to be, that, excepting on the extremities, its use would be attended with some inconvenience, from the difficulty of preventing the water from running into the patient's bed. Should, however, further trials confirm the very favourable opinion which has been formed at Guy's as to its value, these difficulties might, no doubt, be surmounted by the contrivance of suitable apparatus. The directions as to temperature of the water are that it should be as warm as comfortable to the feelings of the patient; and, as preventive of smell, Mr. Cock advises the addition of a small quantity of the chloride of lime or of soda.—*Med. Times and Gaz.*, April 12, 1856.

21. *Is it always necessary to resort to Amputation when a Limb is attacked with Sphacelus?*—Prof. BARDNET, of Limoges, has brought this important question before the Academy of Medicine of la Haute Vienne, and has answered it in the negative.

We are too ardent partisans of conservative surgery, having ourselves sufficiently often protested against the excessive tendency to operate everywhere and at all times, not to hasten to submit to our readers the reasons adduced by M. Bardinet in support of his opinion.

The following is the *résumé* of his memoir:—

1st. In this memoir I report eight new cases of sphacelus (two of the finger, three of the forearm, and three of the leg), in none of which amputation was performed. The task of eliminating the dead parts was intrusted to Nature, except that her operations have been actively aided by the employment of the ordinary disinfectants, and especially by the early resection of the dead parts near the eliminatory circle.

In these eight cases recovery took place.

Had amputation been performed, it is, on the one hand, extremely probable that a certain number of patients would have died; on the other, several of them would have been deprived, in consequence of the necessity of amputating above the eliminatory circle, of a portion of their limbs (the knee, for example, or the upper part of the forearm), which they are fortunate in having been able to preserve.

It is, therefore, not always necessary to amputate in cases of sphacelus.

2d. We should, above all, be extremely cautious in having recourse to amputation in cases of spontaneous gangrene—first, because in such cases, whatever we do, and even after the establishment of the eliminatory circle, we can never be sure that the gangrene will not reappear, and that we shall not thus needlessly add the pain and dangers of a serious operation to those of the original disease.

3d. Because the fear of amputating in parts whose vessels are diseased, obliges us to carry the section up to a considerable height, and thus involves, sometimes very uselessly, the sacrifices of parts which might have been preserved, and the loss of which is to be lamented.

4th. Because the gangrene may attack several limbs in succession, and even all the limbs, of which I have quoted two examples, and we should then find ourselves compelled to perform a series of sad mutilations.

5th. Because, on the contrary, in confining ourselves to cutting away the dead parts near the circle of elimination, we perform an operation which is always practicable and always useful, as it liberates the patient from a focus of infection.

6th. Because we avoid the risk of performing an amputation, all the benefits of which will be lost if the gangrene makes fresh advances.

7th. Because, in adopting the new mode, we do not unnecessarily remove parts which the patient is much interested in preserving.

8th. Because we have still the power of performing amputation, if it should become necessary.—*Dublin Med. Press*, April 9th, 1856, from *Presse Médicale Belge*, March 23, 1856.

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22. *Practical Deductions from a Clinical Record of Twenty-six Cases of Strangulated Femoral Hernia*.—Mr. BIRKETT, in a paper read before the Medical Society of London (April 26th, 1856), commenced by stating that the object of the paper was, first, to bring prominently into the foreground the causes of death; 2d, The circumstances by which those causes are brought about; and, 3d, The means by which they may be avoided. It was shown, by means of a table of the cases, that a certain number of unfavourable circumstances occurred in each case, and that, in proportion to the aggregate, as a general rule, the case was cured, or terminated fatally. But in some of the cases only two, three, or four unfavourable circumstances existed, and yet the patients died; and in these, as well as others with a larger number, the causes of death were sought for and demonstrated. Of the twenty-six cases, all of which were operated upon by the author, one-half terminated fatally. In the fatal cases, death resulted from causes over which the operation could have but little influence; and it was undertaken only with the view to place the patient in a condition more favourable to recovery. The causes inducing the fatal result may be thus enumerated:—